

# **THE FUND FOR A HEALTHY NEVADA**



## **GRANTEE SELF-ASSESSMENT TOOL**

**Prepared by  
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# Grantee Self-Assessment Tool

## Introduction

This tool is designed for grantees of the Fund for a Healthy Nevada to use in performing a thorough self-assessment of their organization to determine technical assistance needs and topics of interest prior to a technical assistance site visit.

## Structure of the Self-Assessment

The self-assessment questionnaire is divided into three sections; a survey, a checklist, and a narrative. The survey is intended to identify elements and experience currently present within your organization that may impact your ability to successfully conduct evaluative activities. The checklist of documents identifies documents developed by your organization that may help us understand your unique circumstances and your needs for technical assistance. Finally, the narrative is your opportunity to briefly describe operations within the organization.

## Instructions for Completing the Self-Assessment

There are brief instructions prior to each part of the assessment. Please complete each part as fully as possible and attach all support documents, as indicated in the checklist, that your organization has developed. Once complete, please return to:

Self-Assessment  
Center for Health Improvement  
1330 21st Street, Suite 100  
Sacramento, California 95814  
Phone: 916-930-9200  
Fax: 916-930-9010

Or email the survey and attachments to: [jhall@centerforhealthimprovement.org](mailto:jhall@centerforhealthimprovement.org)

**Person Completing Assessment:**

**Phone:**

**Email:**

**Organization:**

**Name of Funded Program:**

**Date:**

**Geographic Location:**

<input type="radio"/>	Washoe County
<input type="radio"/>	Clark County
<input type="radio"/>	Balance of the state
<input type="radio"/>	Statewide

# Grantee Self-Assessment Tool

## Instructions

This questionnaire requests your assessment of various aspects of your organization. The purpose is to gain an understanding of the strengths and areas that can be strengthened related to evaluation. The Fund for a Healthy Nevada Grantees are asked to complete the assessment in order to access technical assistance needs as you transition to the new evaluation system. Please read each statement and mark the corresponding circle according to how well it describes that aspect of your organization. There are no right or wrong answers. Responses will be used to customize your organization's technical assistance site visit to best meet organizational needs. Only statistical information about all respondents will be used to inform the evaluation reports.

## Section 1: Survey

### *My Organization*

Experience		Completely False		Completely True	
1	Is very comfortable with evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Has a lot of experience designing evaluation tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Has a lot of experience using evaluation tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Has an individual(s) responsible for evaluation within the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Has participated in evaluation workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Has used the results of evaluation to alter program design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Has clear definitions of success for the program(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Collects data on program success regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Understands how to collect and analyze program data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Has designed spreadsheets for internal program use in synthesizing information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Has participated previously in a formal evaluation of one or more of their programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Section 1: Survey (continued)**

### ***My Organization***

<b>Resources</b>		<b>Completely False</b>		<b>Completely True</b>	
1	Includes resources for evaluation in our annual budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Has personnel to enter data used for evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Has the tools we need to collect and analyze program data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Has an evaluation expert we call on for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Has multiple desk top computers used for documenting client services and connecting data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Uses the internet for research and to identify promising practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Uses the internet to identify programmatic tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Has more than one person well versed in data collection and analysis within the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **Infrastructure**

1	Has an annual independent audit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Uses software to track and manage multiple funders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Adopts an annual budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Has completed a strategic planning process in the past two years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Has marketing materials used to market the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Has a fund development plan in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Has reviewed the organization's mission and values in the past three years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Would have difficulty if one funding source was eliminated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Has accurate position descriptions for each position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Has a clear process to orient new board and staff members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Has established the cost of a unit of service for the program funded by the Fund for a Healthy Nevada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Section 1: Survey (continued)**

### ***My Organization***

<b>Programs &amp; Services</b>		<b>Completely False</b>		<b>Completely True</b>	
1	Provided the funded services prior to receiving Fund for a Healthy Nevada funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Has current, accurate policies and procedures that describe how services are offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Has eligibility criteria for persons to access services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Collects basic demographic data on all clients or persons served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Generates monthly admission/discharge or service delivery data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Is able to provide services in each client/customer's primary language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Has sufficient numbers of qualified staff to effectively provide services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Coordinates services and referrals with a variety of other service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Collaborates regularly with another grantee funded by the Task Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Conducts utilization reviews of services regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Would continue to provide the funded services should Task Force funding decrease over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Section 2: Checklist**

Please indicate which of the following documents your organization have developed and attach copies to this self-assessment: (check all that will be attached)

### Documents

- |   |   |
|---|---|
| <input type="checkbox"/> Organizational Chart                 | <input type="checkbox"/> State licensure/certification          |
| <input type="checkbox"/> Admission/Intake Form                | <input type="checkbox"/> Client Satisfaction survey/results     |
| <input type="checkbox"/> Most recent annual budget            | <input type="checkbox"/> Annual report                          |
| <input type="checkbox"/> National Accreditation/Certification | <input type="checkbox"/> Data Collection forms currently in use |
| <input type="checkbox"/> Program Brochure/description         | <input type="checkbox"/> Other:                                 |

Please indicate which of the following types of assistance you would be interested in receiving as part of the technical assistance site visit:

### Technical Assistance

- |  |  |
|--|--|
| <input type="checkbox"/> Defining program cost   | <input type="checkbox"/> Evaluation Plan approach  |
| <input type="checkbox"/> Review/revise Admission/Intake Form   | <input type="checkbox"/> Uniform measure selection   |
| <input type="checkbox"/> Spreadsheet development and data capture  | <input type="checkbox"/> Defining outcomes and collecting data   |
| <input type="checkbox"/> Utilization review  | <input type="checkbox"/> Data quality improvement  |
| <input type="checkbox"/> Cost/benefit design and analysis  | <input type="checkbox"/> Use of data system  |
| <input type="checkbox"/> Client/stakeholder satisfaction   | <input type="checkbox"/> Using data for program refinement   |
| <input type="checkbox"/> Quarterly/annual reporting assistance   | <input type="checkbox"/> Sampling issues   |
| <input type="checkbox"/> Defining and tracking success   | <input type="checkbox"/> Missing data issues   |
| <input type="checkbox"/> Information management  | <input type="checkbox"/> Confidentiality/data sharing  |
| <input type="checkbox"/> Evaluating programs   | <input type="checkbox"/> Data monitoring   |
| <input type="checkbox"/> Grants management   | <input type="checkbox"/> Sustainability assessment and recommendations<br>(if checked, please complete a Success and Sustainability Survey and attach) |
| <input type="checkbox"/> Revising and streamlining program paperwork to include evaluation data elements | <input type="checkbox"/> Integration of uniform measures into existing evaluation  |
| <input type="checkbox"/> Managing organizational resources effectively to evaluate programs              | <input type="checkbox"/> Staff training, specify type below  |

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### **Section 3: Narrative**

- 1** Briefly describe a history of your organization and the services it provides.

- 2** Describe the assistance you feel you need or would like related to evaluation and TA

- 3** Describe what you feel are your organization's strengths and will positively impact your ability to evaluate the services you provide.

**Section 3: Narrative (continued)**

4 Explain what you feel will be your organizations greatest challenges in evaluating the services you provided.

5 Provide a list of other data reporting efforts you currently participate?

6 What are the staffing, resources and process currently used by your organization to collect evaluation data?



**Section 3: Narrative (continued)**

7 Provide a list of the times and days that would best suit you to participate in a site visit for technical assistance.

8 Describe how your organization currently uses the results of evaluations within the organization.

9 Other Comments